



DISTINGUISHED MERIT AWARD

NOMINATION FORM: PART I

Name of Nominee _____

Affiliation _____

Address _____

City _____ State _____ ZIP _____

Country _____ Email _____

Tel _____ Fax _____

Name of Nominator _____

Academic Position/Title _____

Organisation _____

Address _____

City _____ State _____ ZIP _____

Country _____ Email _____

Tel _____ Fax _____

Signature _____ Date _____

Letter of Support

Academic Position/Title _____

Organisation _____

Letter of Support

Academic Position/Title _____

Organisation _____

NOMINATION FORM PART II

Summary of Contributions

Using the following headings, please summarise the nominee's contribution to cancer nursing.

National

Regional

International

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info@isncc.org

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F. 604.874.4378

CHECKLIST FOR NOMINATION PACKAGE

Please ensure that all the following items are included in your nomination package.

Nomination Form (Part I)	
Nomination Form (Part II)	
Nominee's Curriculum Vitae	
Two Letters of Support	

Submit the completed nomination package plus supporting material as an e-mail attachment to the ISNCC Secretariat. Where no e-mail is available, **four** paper and **one** disc copy should be submitted by mail to the ISNCC Secretariat.

ISNCC Secretariat
375 West 5th Avenue, Suite 201
Vancouver, BC V5Y 1J6
Telephone: 604. 630.5516
Fax: 604.874.4378
E-mail: info@isncc.org

Deadline for receipt of nominations has been extended to January 31, 2008.